## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000



EV482346435US

or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block !)

7590

05/03/2004

Law Offices of DENNIS W. BEECH Landmark Building - Newland Center Suite C-2 19900 Beach Blvd. Huntington Beach, CA 92648



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

| (Depositor's name) | ECH  | ANNEROSE BO |  |
|--------------------|------|-------------|--|
| (Signature)        | Beck | Huucme      |  |
| (Date              |      | 7-31-04     |  |
|                    |      |             |  |

|   |                 |             |                      |                     |                  | _ |
|---|-----------------|-------------|----------------------|---------------------|------------------|---|
| ĺ | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |   |
|   | 10/081,343      | 02/20/2002  | John Boehnlein       |                     | 9790             |   |

TITLE OF INVENTION: EJECTOR BASED ENGINES

| APPLN. TYPE SMALL ENTITY ISSUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | EE                 | PUBLICATION FEE                                 | TOTAL FEE(S) DUE                                                                                                                                                           | DATE DUE                                                                                |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YES                            | \$665              |                                                 | \$300                                                                                                                                                                      | \$965                                                                                   | 08/03/2004                |
| EXAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MINER                          | ART UN             | IIT                                             | CLASS-SUBCLASS                                                                                                                                                             |                                                                                         |                           |
| FREAY, CHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RLES GRANT                     | 3746               |                                                 | 060-269000                                                                                                                                                                 | <b></b>                                                                                 |                           |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>                                                                                                                                                                             |                                |                    | names of<br>agents Ol<br>firm (hav<br>agent) an | nting on the patent front on the patent front are gistered pater, alternatively, (2) the ning as a member a regist of the names of up to 2 or agents. If no name is inted. | ent attorneys or 100000<br>name of a single<br>tered attorney or 2<br>registered patent | VIS W. BEECH              |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  SPACE ACCESS, LLC  15619 BALD EAGLE WAY  HUNTERTOWN, IN 46740  45A |                                |                    |                                                 |                                                                                                                                                                            | riate when an assignment has<br>ssignment.                                              |                           |
| Please check the appropriate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e assignee category or catego  |                    |                                                 |                                                                                                                                                                            | corporation or other private                                                            | group entity 🚨 government |
| 4a. The following fee(s) are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | enclosed:                      | 41                 | o. Payment of                                   | ` '                                                                                                                                                                        |                                                                                         |                           |
| Dr Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                    |                                                 | n the amount of the fee(s)                                                                                                                                                 |                                                                                         |                           |
| ☐ Publication Fee  Advance Order - # of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Copies /                       |                    | The Dire                                        |                                                                                                                                                                            | by charge the required fee(s), o<br>charge the required fee(s), o<br>centlese an extra  |                           |
| Director for Patents is reque                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ested to apply the Issue Fee a | nd Publication Fee | (if any) or to                                  | re-apply any previously                                                                                                                                                    | paid issue fee to the application is                                                    | dentified above.          |

| , and the same is requested to approximate the same is the same in the same is the same in the same in the same is the same in the same in the same is the same in the same in the same is the same in | ,, o                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Authorized Signature) / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Date)                                                                                                                                                  |
| (Authorized Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7-31-04                                                                                                                                                 |
| NOTE; The Issue Fee and Publication other than the applicant; a registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | on Fee (if required) will not be accepted from anyone d attorney or agent; or the assignee or other party in United States Patent and Trademark Office. |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

08/04/2004 SSANDAR1 00000004 10081343

665.00 OP 01 FC:2501 300.00 OP 02 FC:1504 3.00 OP 03 FC:8001